



# HARRIS COUNTY, TEXAS

## APPLICATION FOR EMPLOYMENT

Please return application to:  
**Human Resources & Risk Management**  
**1310 Prairie, Suite 170**  
**Houston, Texas 77002**  
By E-mail as attachment to:  
[JobApps@bmd.hctx.net](mailto:JobApps@bmd.hctx.net)

**Job Hotline (713) 755-5044**  
**Office (713) 755-5250**  
**TDD (713) 755-6870**  
**Internet Address:**  
[www.harriscountytexas.net/hrrm](http://www.harriscountytexas.net/hrrm)

**Please read the following before completing application.**

Applicants are considered without regard to race, color, religion, sex, national origin, age or disability. Applications must be filled out completely, **ALL** questions must be answered. A resume may accompany the application; however, **CONSIDERATION FOR ANY POSITION IS BASED SOLELY ON INFORMATION PROVIDED ON THE APPLICATION.** Please type or print clearly (black or blue ink).

First Name	Middle Name	Last Name	Social Security Number (Last 4 digits)	
			XXX - XX -	
Other Names (List any other names used if different from above)		Phone Number:	Alternate Number:	
Current Address: (Number/Street/City/State/Zip Code)		Are you between 18-20 years old?		
		Are you at least 21 years old?		
E-mail Address:		Are you authorized to work in the United States?		
		<b>YES NO</b>		
If you are an alien authorized by the Immigration and Naturalization Service to work in the United States, provide the following:				
Alien or Admission Number		Expiration of employment authorization, if any: <input type="text"/>		

**Please provide Job Announcement Number and Job Title for the position for which you wish to apply.**

<u>Job/Announcement Number</u>	<u>Job Title</u>
<input type="text"/>	<input type="text"/>

Date you can start:

**REFERRED BY:** \_\_\_\_\_

NOTE: For positions that require the "Clerical Skills Test" the applicant must take the test **FIRST**, before submitting the application. An application is not required to take the test. Test scores are valid for 6 months. ([See application instructions for testing dates and times.](#))

EDUCATION				
High School Name:	City/State	Graduated:	YES	Diploma
			NO	Last Grade Completed:
College / Jr. College / Technical School:	City/State	Type of Diploma / Degree / Certificate:		
College:	City/State	Type of Degree:		
Major:	Minor:	Undergraduate Hours:		
Graduate Studies:		Graduate Hours:	*Transcripts may be required.	

**FOR OFFICE USE ONLY**

TEST SCORES	DATE: _____	*ORAL BILINGUAL	_____ PASS	_____ NOT PASS
TYPING SPEED: _____ WPM	ACCURACY _____ %	*WRITTEN BILINGUAL	_____ PASS	_____ NOT PASS
CLERICAL SKILLS: _____ % OVERALL		*READING COMPREHENSION	_____ PASS	_____ NOT PASS

## GENERAL DATA

Answer items 1 through 6 by placing an "X" in the proper column.			YES	NO
1. Are you now working for or have you previously worked for Harris County? If yes, under what name?				
2. Do you or does your spouse have any relatives presently working for or holding office in Harris County government? If yes, please list the name(s), relationship and the department in which employed.				
3. Are you aware of any reason which would keep you from being bonded? If yes, describe.				
4. Are you licensed to operate a motor vehicle? If Yes, Driver's License Naž _____ State: _____ Class: _____ Expiration Date: _____ If No, Identification No. _____ D.L. Endorsement, if any: _____				
5. Are you willing to work the hours assigned?				
6. Have you ever been convicted of an offense? Please include driving while intoxicated or driving under the influence of drugs. (Exclude minor traffic violations.)				
7. Other language(s) fluently Spoken: _____ Read: _____ Write: _____				
8. Machine and equipment skills:	Typing/WPM	PC software applications:		
9. Special qualifications and skills: (Use this space to indicate any, skills, licenses, or certifications , etc., which in your opinion would qualify you for the position you seek.)				

## EMPLOYMENT HISTORY

Employer:			Job Title:		
Address: (Number/Street/City/State/Zip Code)			Supervisor's Name & Title:		
From: (Month/Year)	To: (Month/Year)	Final Salary:	No. Of Persons Supervised:	Full Time	
Reason For Leaving:		May we contact this employer? <b>YES</b> <b>NO</b>		Part Time	
		Phone Number:		Temporary	
Duties:					

Employer:			Job Title:		
Address: (Number/Street/City/State/Zip Code)			Supervisor's Name & Title:		
From: (Month/Year)	To: (Month/Year)	Final Salary:	No. Of Persons Supervised:		Full Time
Reason For Leaving:		May we contact this employer? <b>YES</b> <b>NO</b> Phone Number:			Part Time
					Temporary
Duties:					

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Duties:					

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Reason For Leaving:		May we contact this employer? <b>YES</b> <b>NO</b>		Part Time
		Phone Number:		Temporary
Duties:				

**\* For additional employment history or "volunteer work" information, please use the "Supplemental or Volunteer Information Sheet" and attach to this form.**

### **REFERENCES**

**List three persons other than relatives who have definite knowledge of your qualifications.**

Full Name	Home or Business Address (Number/Street/City/State/Zip Code)	Phone Number	Business or Occupation	Years Acquainted

By submitting and signing this application, I authorize and request any public or private business or other employee for whom I have worked or been employed, or with whom I have sought employment, to supply Harris County with any and all records pertaining to me that have been kept in the usual course of business, including but not limited to; drug and alcohol test results obtained within six months of the date of request for information by Harris County. The information obtained may be used by Harris County in making decisions with regard to my employment.

I authorize investigation of all statements contained in this application. I certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions. I am aware that should an investigation disclose any misrepresentation, omission or falsification, my application may be rejected, or if already employed, my employment may be terminated. References and previous employers will be contacted to confirm statements unless otherwise indicated. I also understand that if offered employment by Harris County, I will be required to pass a drug test as a condition of employment.

**APPLICATIONS WILL NOT BE CONSIDERED UNLESS SIGNED & DATED; AND ALL QUESTIONS ARE ANSWERED.**

**DATE:** \_\_\_\_\_

**APPLICANT'S SIGNATURE\*:** \_\_\_\_\_

\*You may type your name here, it will be accepted as signature.